

Directors Present: Jac Kreut, Chair
Michael Costello
Shelley Garside
Ellen Godfrey
David Kruyt
Brenda Nunns Shoemaker
Hans van de Sande
Vern Slaney

Staff Present: Howard Waldner
Catherine Mackay
Lynn Stevenson
Neil Sweeney
Bill Boomer
Georgina MacDonald
Joe Murphy
Janet Shute, Recorder

1. Call to Order

Chair Kreut called the meeting to order at 1:30 pm and confirmed that a quorum was present. He welcomed the members of the public in attendance and roundtable introductions were made.

The agenda was adopted as circulated.

The minutes of March 31, 2010 were adopted as circulated.

2. Health Quality Committee

Director Nunns Shoemaker noted that the Health Quality Committee met for its regular meeting on Tuesday, May 18th for four hours.

- The Population and Community Health portfolio provided an annual update on their key activities and initiatives for improvement. We heard two excellent presentations.

The first presentation was on Integrated Health Networks, which are a set of resources formally aligned around the partnership of complex, high-needs patients and their family doctors and practice teams. The goal of the Integrated Health Networks is to reduce avoidable emergency department visits and hospitalization by: providing planned, proactive care; timeline interventions at the time of disease exacerbation; and improving patient self-management knowledge and ability. VIHA current has seven Integrated Health Networks, and based on the extremely positive results of the initial assessment, plans are underway to further expand this program with an Integrated Health Network in Cowichan.

The second presentation was on Aboriginal Health, which is one of VIHA's strategic priorities. VIHA's Aboriginal Health Plan identifies improving access to health services as a strategic theme, as there are a number of barriers to service, both geographical and perceptual and cultural. There has been focused work at Cowichan and Campbell River Hospitals, and the feedback from Aboriginal and First Nations representatives indicates that improvements are occurring. Working collaboratively with VIHA departments and Aboriginal communities, the Aboriginal Health Program is developing a three-part cultural safety training framework to allow staff to explore their attitudes, knowledge and skill development in relation to culturally safe practice.

- We also received an update on the strategy of the Ministries of Health Services and Healthy Living and Sport to improve the health of the people of BC over the next five years. In support of this strategy, VIHA, along with the other health authorities has been asked to redirect 10% of our Public Health budget to actions designed to improve health. Work is on-going, in collaboration with the two Ministries and the other health authorities.
- Twice each year the committee reviews a number of performance indicators. The committee was pleased to see improvement in the surgical wait times for cataracts and hip fracture repairs. In addition, there has been a reduction in the number of hospital admissions for people with ambulatory care sensitive conditions, such as asthma, heart failure, hypertension and diabetes. Areas where improvement is required include the percentage of clients admitted to residential care within 30 days and MRI wait times.
- At each meeting the committee reviews issues impacting VIHA's ability to provide accessible, timely, safe, and high-quality healthcare services. This month included an update on the recent respiratory outbreak at Glengarry Hospital that affected 21 residents. Chart reviews are underway for the ten residents who died during this time to determine what, if any, role the respiratory condition played in these deaths. The cause of the outbreak has not yet been determined, but VIHA is working with the BC Centre for Disease Control to try and identify the organism, or organisms, involved. Fortunately, the outbreak was declared over the first week in May. The report also focused on a number of areas of improvement, including: improved intake and booking process for the RJH Pain Clinic; the implementation of a Geriatric Evaluation and Management Team at Saanich Peninsula Hospital; enhanced Intensivist Coverage in the NRGH Intensive Care Unit; and the implementation of surgical safety checklists across VIHA.
- We also received updates on the Cowichan Valley Community Planning work that is underway and the c-difficile outbreak at NRGH.

3. Governance & Human Resources Committee

Director Slaney reported that the committee met on Tuesday morning.

- We received a status report on the strategies contained in the People Plan, which include: Care Delivery Model Redesign; Staff Safety & Injury Prevention; Planning Based on Health Needs & Care Delivery; Strategic Retention & Recruitment; and Continuous Learning. The work on these key strategies, and the associated projects, is on-going and the committee was satisfied with the progress being made in this key area for the organization.
- We received an update on WorkSafe BC issues. There is a lot of work underway to address areas of concerns, such as violence prevention and musculoskeletal injury prevention. As noted earlier, staff safety and injury prevention is one of VIHA's four system-wide initiatives, making this a key area of focus for the organization, and the Board was very pleased to see a 25% reduction in the injury rate over the past year. However, there is still much work to be done, and this will remain a continued area of focus for the organization.
- Twice each year the committee looks at a number of performance indicators. Performance was outside of the targeted range for both sick time and short term disability duration. Performance has significantly improved with respect to the overtime rate in VIHA as a result of new guidelines and policies focused on better management of overtime.
- Each year the organization establishes strategies for the fiscal year, which are based on VIHA's five year strategic plan. The committee reviewed progress on the strategies for 2009/10, and the authority-wide strategies for 2010/11. These plans continue to focus on people as our number one priority, and continue with the integrated approach to the four system-wide initiatives, as well as the key results areas identified by the Ministry of Health Services and the Ministry of Healthy Living and Sport.

4. Finance & Audit Committee

Director Costello noted that the committee met on Monday, May 17th.

- The year-end audit is currently underway, and the Finance & Audit Committee will be meeting at the end of May to review and approve the Audited Consolidated Financial Statements for the year ended March 31, 2010 before they are submitted to government. The Audited Financial Statements will be posted on our website following approval.
- At each meeting the committee reviews the status of Major IM/IT Projects to ensure they are within budget, on schedule, and the degree to which the project is meeting its original objectives.

- The committee continues to be satisfied with the action plans in place for all projects. At each meeting the committee also reviews the status of major capital projects. VIHA currently has two major capital projects underway, the new Patient Care Centre at Royal Jubilee Hospital and the Renal Unit at Nanaimo Regional General Hospital. Both projects are currently on-time and on-budget.
- Twice each year the committee looks at a broad set of performance measures linked to the strategic goals. The committee was satisfied with the overall performance, although the equipment depreciation index is outside of an acceptable range. Depreciation rates are accelerating because of increased technology changes, and VIHA is exploring strategies to target replacement of patient care equipment, and is looking at strategic procurement opportunities to maximize the return on equipment funding.

5. Committee of the Whole

Director van de Sande advised that the purpose of the Committee of the Whole is to provide an opportunity for the Board to discuss strategic matters related to planning, quality and enterprise risk management. The committee had a fairly short meeting this morning.

- As occurred at the other committee meetings, we reviewed some performance indicators, and I am pleased to report that they were all within the acceptable range. Of particular note is VIHA's self-sufficiency rate of 95.9%, which means that fewer than 5% of VIHA residents require hospitalization outside the region, and this is usually for specialized services more appropriately provided in larger urban centres.
- VIHA is also participating in the new Qmentum program with Accreditation Canada, so we had a preliminary discussion on the two areas identified that require further work from a governance perspective, which are the monitoring of risks and client safety. Action plans will be developed and this work will be assigned to the appropriate committees for on-going work and monitoring of progress.

6. Presentation by President & CEO, Howard Waldner

Howard Waldner gave an update on some key issues in VIHA.

- On Monday the Board had an opportunity to tour the new Patient Care Centre at Royal Jubilee Hospital. This project is an example of the terrific partnership we have with the Capital Regional Health District and Victoria Hospitals Foundation. As was reported earlier, the project remains on time and slightly ahead of budget and will be open for patients next spring.
- In January, members from the US-based Centre for Health Design Research visited and provided their perspectives on our new building. They believe that as a result of our design, patients will recover faster and spend fewer days in hospital. They were also impressed by the close to 85% single patient rooms, which will reduce hospital-based infections and protect our patients and staff.

- Last week our partnership was again recognized when the Patient Care Centre won Best International Project at a prestigious London P3 infrastructure competition. This new building is being recognized as the best in the world, and management and the Board of VIHA are extremely proud.
- Last year VIHA announced the redevelopment of two residential care facilities in the South Island, Oak Bay Lodge and Mt. Tolmie Hospital. A Request for Proposals was issued and closed at the end of February. After a thorough evaluation process, the VIHA Executive recommended a lead proponent with whom to negotiate a contract. Earlier this week the Board met to consider this proponent, and have approved the selection of Baptist Housing and the Lark Group as our preferred partner.
- Baptist Housing is a not-for-profit society that has been in operation for 46 years. They operate in 13 communities, serve over 1,300 clients and employ over 300 staff. They are long-time established partners with VIHA, who have provided excellent care for Victoria area seniors at Central Care Home and Mt. Edwards Court. There are a number of options outlined in their proposal, and the question of the control of the land remains open. Depending on negotiations, the Oak Bay Lodge Society may or may not retain ownership of the land. It will take some time to negotiate, but we are encouraged by the bid put forward.
- On March 26, 2010 VIHA issued a Request for Proposals (RFP) for housekeeping and food services currently provided by Compass Canada. We originally negotiated a five year contract with Compass, with an option for a further five years. We had an option to return to the market to test whether or not our Compass agreement still represented the best value for money after the initial five years were complete, and this is exactly what we are doing. This RFP should not be seen as a criticism of Compass or their staff. It simply represents our commitment to ensure that patients are receiving the best value and service for the money we spend on housekeeping and food services. The RFP closes in June and at that point we will review and evaluate the submitted responses.
- There are a number of people in attendance today from the Comox Valley, and they are here to petition the Board about changes being proposed at St. Joseph's Hospital. The responsibility for hospital operations rests with the Board and Administration of St. Joseph's. Our responsibility is to fund St. Joseph's in line with other community hospitals in VIHA. Last year, Corpus Sanchez prepared a report that examined the relative funding levels between St. Joseph's and other sites. St. Joseph's administration has publicly said that over the past five years they have received a 36% increase, while funding at VIHA owned and operated community hospitals has increased by 34%. They are absolutely funded in line with our other community hospitals. Michael Pontus, CEO for St. Joseph's, told Courtney City Council that even if VIHA increased the funding level, he would spend the money on other priorities, not reversing the proposed restructuring.
- Transitional Care Units are common across Canada, and are a good way to provide the care transitional patients need to either return home or move into some form of care. VIHA has units such as this at Nanaimo and Campbell River hospitals. By keeping these beds open and operational in hospital instead of at a residential care facility, hospitals are better able to manage when volumes increase. These transitional beds are not closed; they remain available for

higher needs patients using casual and relief RNs. Under this plan the number of hospital beds will actually increase from 109 to 113.

- VIHA has contacted BCNU to ensure that any nurses that are impacted by these changes are able to work in VIHA sites, with their seniority intact, in order to retain these nurses in the Comox Valley. The economic downturn has reduced the number of retiring nurses, both in VIHA and at St. Joseph's Hospital. We want to keep these nurses working so that when they are needed they are available.
- In 2009 VIHA opened 90 new residential care spaces in the Comox Valley to help with the aging population. People suggest we open more, and we would like to, but at an annual cost of over \$60,000 per year for each residential care space, they are very expensive and we have service pressure across our system that need to be met.
- VIHA's surgical wait-times are again the lowest in the province, with the trends on all surgical indicators still improving.
- Our tobacco use continues to fall in VIHA, and today, less than 15% of our population smokes.
- VIHA identified staff injury and overtime rates as keys to success in the 2009/10 fiscal year. We are very pleased to have significantly reduced both of these rates, which not only saves money, but improves the health and well-being of our staff.

7. Presentation on the Assertive Community Treatment in Victoria

Dr. Ian Musgrave and Mr. Alan Campbell were introduced and welcomed to the meeting.

- New funding was received in VIHA in 2007 and four Assertive Community Treatment (ACT) Teams were implemented in Victoria.
- The teams are multidisciplinary and include psychiatric, addictions and health care services, providing treatment, support and recovery. Services are provided through home visits or in situ.
- Most clients are heavy users of acute care beds and the emergency department. Many are homeless and in and out of the corrections system.
- The Ontario experience, which is several years ahead, shows a reduction of hospital bed days and utilization by the target population, and a cost avoidance of approximately 60% to the health care system.
- While Victoria is still in the early stage of producing data on the results, extrapolating from other's experience, the savings for the downtown team could be as high as \$225,000 per year.
- The Victoria police report a reduction on calls to this population of over 60%.
- The ACT Teams are a huge success, and in January 2010 an ACT Team was implemented in Nanaimo. In the future, as funding and resources become available, VIHA plans to adapt the model for smaller populations in our more rural communities.

Dr. Musgrave and Alan Campbell responded to several questions from the floor regarding the ACT Teams and mental health and addictions services.

8. Public Presentations

Harm Reduction Services in Victoria – Heather Hobbs

Heather thanked the Board for the opportunity to speak today. She noted she was speaking from her experiences as a graduate student at UVic researching local drug policy issues, and as a community organizer with Harm Reduction Victoria.

Victoria has lost the only fixed site needle exchange site in Victoria, and there is increased risk for both people who use drugs, and the larger community. Lack of housing, access to health and social services, public injecting, unsafe syringe disposal and violence on the streets are stressors for people who use drugs. These stressors often lead to increased drug use, higher risk behaviours, and further increases in violence. Rather than addressing the issue of drug use on our streets with public health approaches, we've seen VIHA work with the police to attempt to control public space downtown through policing, and restrictions on the ability of outreach works to connect with the people they are mandated to support. By removing and restricting harm reduction services from the Victoria downtown area we've significantly increased the stressors experienced by people who use drugs, and thereby ensure that risky drug use will continue.

VIHA's "no-go-zone" around St. Andrew's School offers a very false sense of security to those who are fearful of people who use drugs, because these people have not simply disappeared since the Needle-Exchange on Cormorant Street was shut down. The existence of the "no-go-zone" has necessitated that the distribution of harm reduction supplies within that area go underground, just as much of the drug trade is underground. There is a network of people who are working to ensure that people who use drugs are able to access life-saving, cost-effective, risk-reducing resources in an area of high need. It is its own "distributed model". The "no-go-zone" is not working for anyone. It has set a dangerous precedent in Victoria whereby VIHA makes false assurances to certain parts of the community that drug use will not happen in their backyards, and harm reduction services continue to be marginalized and delivered as covertly as street drugs. Please make decisions based on health evidence rather than the moral panic.

Despite supervised consumption services being supported by the Health Officers Council of BC, even without a federal exemption, nothing has been done. Perhaps VIHA could start small, by using existing resources and assigning a nurse for supervised consumption to a couple of existing locations for a few hours each day. Supervised consumption is within the scope of nursing practice, it is compassionate, and it is a practical, cost effective approach to addressing public drug use that has been proven effective in Europe and Vancouver. It is time for a made-in-Victoria model for harm reduction services.

The VIHA Board is challenged to fulfill its mandate to deliver prevention and care services, to develop evidence-based responses to disease transmission and to engage and serve vulnerable populations. If you take action, there are many people that will help. While there are some that are taking action, it is not enough, and they need VIHA to join them.

Chair Kreut thanked Heather for her passionate presentation. He noted that he would be asking Howard Waldner to say a few words about VIHA's plans. However, he stated that at the present time Supervised Consumption Sites are not legal in Canada, and the VIHA Board will not support something that is illegal.

Howard also thanked Heather for her very thoughtful presentation. Supervised Consumption Sites are a difficult issue, and there is no easy answer, but without an exemption from the Federal government they are not legal. However, providing services to this vulnerable population is a shared goal, and we need to continue to work together. VIHA staff will be speaking to Victoria City Council tomorrow to discuss our plans with respect to a distributed model for needle exchange, following which discussions will take place with our partners and others.

St. Joseph's Hospital Health Coalition – Jennifer Pass

The Administration of St. Joseph's Hospital announced the conversion of 26, now reduced to 22, medical/surgical beds to transitional care beds to prepare patients for a return home, or a move into residential care. Although Administration insists that this change is in the best interests of patient care, and not motivated by the demand of VIHA that St. Joseph's cut its budget by almost the same amount as would be "saved", this is disputed by the hospital staff. The medical staff have formally rejected the plan, calling instead for an 8-bed pilot transitional unit.

The conversion of the second floor of the hospital, currently a 24-bed surgical unit, to a transitional unit, means the layoff of a large number of Registered Nurses due to a change in staffing mix from RNs and LPNs to LPNs and Care Aides, and the loss of 18 acute care beds. This is disputed by St. Joseph's CEO, Michael Pontus, who insists that acute care beds will not be lost. However, we are not talking about a dictionary definition or a funding formula. We are talking about whether or not these beds will be available for medical and surgical patients who come to Emergency or are sent to the hospital by their physicians.

Currently, St. Joseph's Hospital is experiencing a shortage of acute care beds on a daily basis. Between April 4th and May 4th the daily average number of patients that were admitted and in the Emergency Department was 5, and for 16 of those days the number of admitted patients was over 8. There were only 3 days in that period when there were no admitted patients in the Emergency Department. Given the situation it does not make sense to reduce the number of acute care beds.

A contributing factor to the current acute care bed shortage is the inadequacy of medical services for seniors, starting with services that would reduce the number of seniors who are admitted through the Emergency Department. The demands for improved home care and for a rapid response outreach assessment team are not new or novel. There is also a shortage of residential care beds, and currently there are 30 empty beds at Comox Valley Seniors' Village because VIHA will not fund them.

To date over 7,600 people have signed a petition calling for:

- No reduction to services or acute care beds at St. Joseph's Hospital;
- VIHA to provide adequate funding for residential care in the Comox Valley so as to alleviate the pressure on acute care beds at St. Joseph's Hospital; and
- Support for the medical staff, the nurses and the entire hospital staff.

Please end the historic under-funding of the North Island so that our acute care services can be maintained and improved, and increase investments in home care and outreach services.

Chair Kreut thanked Jennifer for her presentation and asked Howard to provide feedback.

Howard advised that VIHA opened 90 new residential care beds in the Comox Valley, and over and above that, we are working hard on behalf of the communities to obtain government approval to build two new acute care hospitals in the North Island, one in the Comox Valley and one in Campbell River. It is our understanding, based on discussions with St. Joseph's Hospital, that the beds being converted to transitional beds have not been open for acute care for several years, as this number of beds is always occupied by ALC patients.

The population and care needs of patients in our acute care hospitals across the Island is changing. As the population is aging, the patients being admitted to acute care generally have more difficulty recovering. If we don't provide the opportunity to recover, by providing transitional or activation Units, then the default is admission to residential care. That is not what people want, and we could not keep up with the demand. Transitional or activation units are not new on the Island, or across the country, and within VIHA we currently have them in both Campbell River and Nanaimo. One of the Geriatricians in VIHA has met with St. Joseph's to discuss their plans, and we are confident that the changes being made will improve the outcome for patients.

VIHA has also committed to working with St. Joseph's Hospital and the BC Nurses' Union to ensure that all nurses continue to be employed.

Oak Bay Lodge – Pam Copley

Pam Copley thanked the Board for the opportunity to speak today on behalf of her constituents in Oak Bay, who are concerned about the future of seniors' health in their community, specifically Oak Bay Lodge. This concern is echoed by the 1,600 signatories of a petition to keep Oak Bay Lodge and its services in the public domain.

On May 17th VIHA issued a news release announcing Baptist Housing Society as the lead proponent for the redevelopment of Oak Bay Lodge and Mount Tolmie Hospital, however, there are still many unanswered questions. Although Baptist Housing Society has a strong track record as an employer and manager, there remain concerns about current staffing, the potential for sub-contracting services, and their ability to effectively manage these seniors' facilities in addition to the ones they already operate.

On March 22nd, 2010 Oak Bay Council passed a resolution supporting the retention of the land in public ownership at the Oak Bay Lodge site and upgrading or renewal of a publicly owned, operated and managed Campus of Care facility in the same location. These facilities and services are vital aspects of Oak Bay and will become increasingly so as the population ages. It is a very serious matter to separate seniors from loved ones and from their home communities. VIHA's intention to sell off these lands in the public trust is cause for serious concern. A long term lease would serve the same purpose, yet keep the lands in the public domain, essentially in perpetuity. There has been no mention about the future of the Independent Living Unit or the Adult Day program.

On behalf of the citizens of Oak Bay, please provide information on:

- The cost of renovations versus replacement of Oak Bay Lodge;
- VIHA's plan for transition of existing Oak Bay Lodge residents during and after the renewal phase;
- The long term plan for affordable seniors' care in our community; and
- The provenance of this land, and VIHA's responsibility for stewardship of the land, the facility and its use.

Chair Kreut thanked Pam for her presentation. He noted that, as stated earlier, VIHA has identified Baptist Housing as the preferred proponent for the RFP regarding Oak Bay Lodge and Mt. Tolmie Hospital. The motion approved by the Board authorized the President & CEO to enter into negotiations with Baptist Housing. The Board will subsequently hear back on how negotiations proceed, and whether VIHA was able to reach agreement. There is no final decision as to whether or not the property will be sold, but it is an option.

9. Questions & Answers

Chair Kreut noted that there were several questions submitted in advance of the meeting, and the written response is included in the meeting package, and will also be posted to our website. Since the meeting was running well past the scheduled time, there were a couple of questions from the floor, following which the public was invited to join the Board and senior management at the Open House for further discussion.

10. Adjournment

The meeting was adjourned at 3:45 pm.